

Case Number:	CM15-0084561		
Date Assigned:	05/06/2015	Date of Injury:	06/05/2002
Decision Date:	07/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 59-year-old who has filed a claim for chronic neck, shoulder, and low back pain with derivative complaints of headaches reportedly associated with an industrial injury of June 5, 2002. In a Utilization Review report dated April 17, 2015, the claims administrator failed to approve requests for Bisacodyl (Dulcolax) and Nexium while approving cyclobenzaprine and Lyrica. The claims administrator referenced an April 10, 2015 RFA form and an associated progress note of April 8, 2015 in its determination. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant reported multifocal complaints of low back, bilateral shoulder, bilateral leg pain, 6-10/10. The applicant's medication list included Biofreeze, Colace, Flexeril, Nexium, Dulcolax, MiraLax, Lyrica, hydrochlorothiazide, Zestril, and Zocor. The applicant did report issues with depression in the review of systems section of the note. The applicant also reported issues with indigestion in the gastrointestinal review of systems section of the note. The applicant had undergone earlier shoulder surgery, it was incidentally noted. The note was very difficult to follow and mingled historical issues with current issues. The applicant had received multiple epidural steroid injections, it was also reported. Dulcolax for constipation secondary to pain medications, MiraLax for constipation secondary to pain medications, Lyrica, Voltaren gel, Nexium for heartburn secondary to pain medications, Colace for constipation secondary to pain medications, and Biofreeze gel for topical analgesia were all sought. It was also stated that the applicant was using Viagra. The attending provider seemingly stated that Nexium was the most effective in terms of attenuating the applicant's symptoms of reflux. The attending provider did not, however, state whether or not the

applicant's laxative had been equally effective. The attending provider stated that previously prescribed omeprazole had not effectively attenuated the applicant's symptoms of reflux.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bisacodyl 5mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: The Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as efficacy of medication and other medications into his choice of recommendations. Here, however, the attending provider did not clearly state why the applicant needed to use three different laxative agents, namely Colace (bisacodyl), and MiraLax, nor did the attending provider state whether this particular combination of three different laxative agents was or was not effectual. Therefore, the request was not medically necessary.

Nexium 40mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Nexium are indicated in the treatment of NSAID-induced dyspepsia. Here, the treating provider did seemingly suggest that the applicant was having issues with stand-alone dyspepsia present on February 11, 2015. The attending provider did, however, state that ongoing usage of Nexium had effectively attenuated the same. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.